U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12187	2. Fiscal Year Covered From:		
,	01 / 01 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name HAROLD A FABEAN	Name Utility Workers Union of AMERICA, System Local		
	Labor Organization File Number 0/66/		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 110 Supervisors Drive	Street 2428 State Route 381		
City West Newton	City Rector		
State   P A   250 8 9	State		
5. Position in labor organization. Executive Vice - PRESIDENT			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name  Name    Contract   Contract			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
State State 21P Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Narold & Fabra	On 2-17-06 724-872-4841  Date Telephone Number		

Name of Person Filing HAROLD H. "FABEAN	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Highmark Blue Cross Blue Shield  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 2314  Street 120 5th Avenue  City Fittsburgh  State PA ZIP Code + 4 15222 - 3099	9. Business deals with:  a. Labor Organization b. Trust c. Employer		
40 KO b 0 a is absolved give tweet as expellenced a series	11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	April Golf Outing		
Street	11.b. Approximate dollar value of such dealing.	251.32	
Tity	12.a. Nature of interest held or income received.	mare i i i i mare i i mare de di i i i i i i i i i i i i i i i i	
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	enga pangkangani palamagan kari atamiga Panta pika pika menjandan pandana pina madama kari angalama kalanda pa	
Name Trade Name, if any:	AND THE PROPERTY OF THE PROPER		
P.O. Box, Bldg., Room No., if any	**Interview of the control of the co	Quanti (Q) myapahan	
$\label{localization} Some in the contract of the contract of$	occupants and a second	dedddrawn br	
Street	economismos		
City	Menorities	vo e e compression	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	formular for an American State (1995), the significant for an American State (1995) and the significant or a continuous demonstration and continuous states (1995). The significant of t	